

Completion Report For Grant Year 2006

Authority: 1990 PA 345

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301	County of _____
	Grant #BCCFS 06 _____ MAIN Mail Code: PCA: 02935 AOBJ: 1218
	Federal I.D. _____

Complete And Submit This Report After July 1, 2006, But No Later Than February 28, 2007

WORK PROGRAM CATEGORIES (Items G, H, I and J)		Column A	Column B		Column C		Column D (B - A)
NOTE: Provide a written narrative explaining the reason(s) for ANY difference in the corners completed versus the corners specified in the annual work program for items G, H, I & J, whether more or fewer or different corners were completed than were specified in your 2006 grant work program.		Number of Corners in APPROVED 2006 Work Program	Number of PHYSICAL Corners Completed		Number of Corners Completed COMMON to Another Township		Difference Between Number of Corners APPROVED & Number Completed (+ or -)
1st Report	This Report		1st Report	This Report			
G	RESEARCH completed.						
H	MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter a record for each corner, including common corners, completed on your database in each corresponding township. Submit records to the State on the web-based Corner Index System.						
STATE USE ONLY: Number of Records Received: _____ Total Number of 2006 LCRC's Received _____							
I	Points with COORDINATES SET . Submit three-dimensional coordinates for corners on the web-based Corner Index System, description, complete adjustment print-out for all control stations, and the surveyor's certification.						
STATE USE ONLY: Number of Records Received: _____ Certification Received? Yes _____ No _____							
J	Existing CONTROL STATIONS RECOVERED . Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS website. Include a paper copy for the State's records and digital pictures.						

STATE USE ONLY: Number of Mark Recovery Forms Received: _____

Final Payment Requested: \$ _____ (EARNED PORTION of the state grant not previously requested).

We certify to the best of our knowledge and belief that this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant/contract documents. We request the final payment of the 2006 grant amount **less the unearned portion**, if any.

Original Ink Signature of County Grant Administrator

Original Ink Signature of County Representative

Date

Date

Maynard R. Dyer, P.S., Director, Office of Land Survey and Remonumentation

Date

Completion Report For Grant Year 2006

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301	County of <hr/> Grant #BCCFS 06 _____ MAIN Mail Code: PCA: 02935 AOBJ: 1218 Federal I.D.
---	--

Expenditure Completion Report For Grant Year 2006

(Expenditures include state grant funds, county cash contribution and expedited funds, in any)

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Total Actual Expenditures for 2006 Grant Year (add G, H, I and J across) Enter below <u>and</u> on Page 3, under Column "B"*	State Use Only
	Item G	Item H	Item I	Item J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)					*	
Contractual Survey Services (CSS)					*	
Supplies and Materials (S/M)					*	
Equipment (E)					*	
Administration (A)					*	
Actual 2006 Total Annual Expenditures (add Items G, H, I and J down)	Item G	Item H	Item I	Item J	Total	
Approved 2006 Total Annual Project Budget						

***Total Actual Expenditures Column on Page 2 must be the same as Column "B" on Page 3**

County MUST provide:

1. County Treasurer's printout (detailed transaction history of Account 245) of all Survey and Remonumentation Grant Activity.
2. S & W / Fringe Benefits / Overhead breakdown of all internal county costs.
3. All invoices.
4. Explanation of all adjustments to approved grant, including line item transfers, work not completed, or work added to the specified work program.

Completion Report For Grant Year 2006

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301	County of <hr/> Grant #BCCFS 06 _____ MAIN Mail Code: PCA: 02935 AOBJ: 1218 Federal I.D.
---	--

Expenditure Completion Report For Grant Year 2006

(Expenditures include state grant funds, county cash contribution and expedited funds, in any)

Work Program Expenditures By Line Item	Column A	Column B	Column C	State Use Only
	Approved 2006 Budget Including Approved Amendments, if any	Total Actual Expenditures For 2006 Grant Year (From Page 2)	Difference Between Total Actual Expenditures And Approved Budget Including Approved Amendments, if any (Column A - B = C) Indicate As + or - Balance	
Peer Group (PG)			1	
Contractual Survey Services (CSS)			1	
Supplies and Materials (S/M)			1	
Equipment (E)			1	
Administration (A)			1	
Total (Add A, B, and C)	Total Annual Project Budget	Total Actual Expenditures	Unexpended Portion of Total Annual Project Budget ²	

For Calculation by the County Grant Administrator (not including expedited county programs)

Counties with an approved expedited grant must complete Supplement A.

\$ _____ (State Grant) **divided by** \$ _____ (Total Annual Project Budget) **times**

\$ _____ (Unexpended Portion of Total Annual Project Budget -- Column "C" above) **equals**

\$ _____ Unearned Portion of Grant (remains in the State Survey & Remonumentation Fund)

- | | |
|----|---|
| 1. | If the difference for any line item or work program category exceeds 20% of the total annual project budget or \$10,000 (whichever is less), provide a narrative on a separate sheet of paper stating the reasons for the difference. |
| 2. | If the total actual expenditures are less than the approved total annual project budget, the difference must be returned to the State, prorated at the rate of the State/County ratio per the grant agreement. |

The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.